

WASHINGTON STATE EXECUTIVE ETHICS BOARD

ETHICS COMPLAINT FORM

Case No. _____
(Assigned by Board)

Confidentiality: Information received by the Executive Ethics Board staff during the course of an investigation shall remain confidential in accordance with RCW 42.17.310(1)(d) and WAC 292-100-041. Once a complaint has been investigated and completed, confidentiality of complainants may only be limited to those situations that are covered by RCW 42.17.310(1)(e). RCW 42.17.310(1)(e) provides for the withholding of names of complainants **only if** those persons have indicated that they believe the disclosure of their identities would endanger their lives, safety or property. Unlike a complaint filed pursuant to other state laws, the Ethics in Public Service Act does not protect against retaliation in the workplace—fear of retaliation is not sufficient grounds to seek confidentiality with the Executive Ethics Board.

1. Please name the person alleged to have violated one or more provisions of the state's ethics law (Chapter 42.52 RCW), and provide the following information, if known. If you are alleging that more than one person may have violated the state's ethics law, file a separate complaint form for each individual.

Name: _____ Work Phone: _____
(Include Area Code)

Position or Title: _____

Employing Agency: _____

Work Address: _____

City

State

Zip Code

2. Explain why you believe that the individual name above may have violated the state's ethics law. Be as specific as possible as to dates, times, places, and actions. Attach additional sheets of paper if the space provided below is not sufficient.

3. **Disclosure.** Pursuant to RCW 42.17.310(1)(e), information revealing the identity of persons who file complaints with investigative agencies other than the public disclosure commission, may indicate a desire for disclosure or nondisclosure ***if the complainant believes that disclosure would endanger his or her life, physical safety or property.*** Please indicate your desire for disclosure or nondisclosure by checking the appropriate box and initialing.

☐ I indicate a desire for **nondisclosure** because:

☐ disclosure would endanger my life

☐ disclosure would endanger my physical safety

☐ disclosure would endanger my property

Initials: _____

4. **Attestation.** I declare that the foregoing information is true and accurate to the best of my knowledge.

Your Signature: _____

Your Printed Name: _____

Address: _____

City

State

Zip Code

Daytime Phone: _____
(Include Area Code)

Evening Phone: _____
(Include Area Code)

Date: _____

Please return this completed form to:

**Executive Ethics Board * 2425 Bristol Ct SW
PO Box 40149 * Olympia, WA 98504-0149**

If you have questions about this form, or would like to request the form in an alternate format for the visually impaired, contact the Executive Ethics Board at (360) 664-0871 or write us at the above address. We will take reasonable steps to accommodate your needs.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.